

SE MILESTONE-2

MILESTONE/SERVICE DATES: START: _____ END: _____

Consumer Name:	Address:	Phone Number:	Email:
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M-2 SUPPORTED EMPLOYMENT JOB PLACEMENT REPORT

DATE FAXED:	VR COUNSELOR:	JOB START DATE:
NAME OF EMPLOYER:	JOB TITLE:	
EMPLOYER ADDRESS:	JOB DUTIES:	
TELEPHONE #:	BENEFITS: <input type="checkbox"/> NONE	
SUPERVISOR:	<input type="checkbox"/> HEALTH INSURANCE <input type="checkbox"/> DENTAL	
	<input type="checkbox"/> PAID SICK LEAVE <input type="checkbox"/> PAID VACATION	
HOURLY WAGE:	HOURS PER WEEK:	<input type="checkbox"/> RETIREMENT PLAN <input type="checkbox"/> OTHER

JOB SEARCH SUPPORTS PROVIDED:

<input type="checkbox"/> Weekly Contact	<input type="checkbox"/> Internet Search Training / Computer Access
<input type="checkbox"/> Interview Skills	<input type="checkbox"/> Symptom Management/Coordinate with Mental Health Providers
<input type="checkbox"/> Job Leads / Information	<input type="checkbox"/> Application Assistance
<input type="checkbox"/> Networking	<input type="checkbox"/> Personal / Appearance Needs
<input type="checkbox"/> Employer Advocacy / Follow-up	<input type="checkbox"/> Problem Solving
<input type="checkbox"/> Cover Letter/Resume	<input type="checkbox"/> Worksite Accommodation Needs
<input type="checkbox"/> Benefits Monitoring (Social Security, Medicaid, housing, food stamps)	
<input type="checkbox"/> Transportation Assistance	<input type="checkbox"/> Other:

PROJECTED INTERVENTIONS:

<input type="checkbox"/> Job Coaching - <input type="checkbox"/> On Site <input type="checkbox"/> Off Site	EMPLOYER INVOLVEMENT (CHECK ALL THAT APPLY) <input type="checkbox"/> We may contact employer/supervisor about work performance <input type="checkbox"/> We may contact you at work <input type="checkbox"/> We have reviewed possible risks involved in job <input type="checkbox"/> Employer is aware of disability <input type="checkbox"/> Employer is aware of SE involvement <input type="checkbox"/> Employer Contact – _____ (# of times per month):
<input type="checkbox"/> Consumer Contact- _____ (times per week) <input type="checkbox"/> Face to Face: <input type="checkbox"/> Phone, Email, Text:	
<input type="checkbox"/> Assistance Learning the Job	
<input type="checkbox"/> Develop Transportation Plan	
<input type="checkbox"/> Problem Solving	
<input type="checkbox"/> Conflict Resolution	<input type="checkbox"/> Personal/Appearance
<input type="checkbox"/> Coordinate with Mental Health Providers / Symptom Management	<input type="checkbox"/> Coping Skills
<input type="checkbox"/> Attendance Skills	<input type="checkbox"/> Develop Work/Life Balance
<input type="checkbox"/> Benefits Monitoring (Social Security, Medicaid, housing, food stamps)	<input type="checkbox"/> Other:
<input type="checkbox"/> Worksite Accommodations	Comments:

I verify that the information above is correct. I understand that I have a right to revoke this consent in writing if I so desire in the future.

X _____
Consumer Signature

Date

X _____
Supported Employment Specialist Signature

Date